



# Alabama Medicaid Agency

501 Dexter Avenue  
P.O. Box 5624  
Montgomery, Alabama 36103-5624

www.medicaid.state.al.us  
e-mail: almedicaid@medicaid.state.al.us



DON SIEGELMAN  
Governor

W. DALE WALLEY  
Acting Commissioner

## Recipient Notice 99-11

December 1999

*Name of Medicaid Recipient Here*  
*Address of Medicaid Recipient Here*  
*City, State, ZIP Here*

Recip. Medicaid # + Check Digit Here  
*Aid Category - XX*  
*Date of Birth - xx/xx/xx*

The person named above is eligible for Medicaid, subject to the coverage under their designated aid category:

*Pregnancy-related services restricted to:* \_\_\_\_\_ (Contractor Name) \_\_\_\_\_  
Call \_\_\_\_\_ for referral information

*Recipient is on restriction (lock-in)*

## Keep This Notice!

### This notice shows that you are on Medicaid!

There is a very small chance computer problems in the Year 2000 may keep your health care provider from checking to see if you are on Medicaid. If there are problems because of this during January and February of 2000, this notice will be needed to prove you are on Medicaid.

Once these computer problems are fixed, you will need to show only your Medicaid card. If the computer problems are not fixed by the end of January, you will use this notice to prove you are on Medicaid during February 2000. **Just in case, keep this notice until March 1, 2000.**

When you go to the doctor, drug store or any other place for health care, take this notice with you. (If you are on Medicaid's Patient 1<sup>st</sup> program, you should keep going to your Patient 1<sup>st</sup> doctor or clinic.) If your health care provider cannot use the computer to tell if you are on Medicaid, this notice will prove that you are on Medicaid. Put this notice in a safe place and keep this notice until March 1, 2000. **If you lose this notice, we may not be able to replace it.**

If you go for health care services, **you must bring something to identify yourself, such as a driver's license or ID card, and this notice.** Also, be sure to bring proof of any other insurance you have.

**WARNING! If you copy or change this notice in any way in order to let someone other than the person listed above get medical services, you are breaking the law! If you let someone else use this Medicaid notice (or your Medicaid card) even once, you will be turned over to federal and state law officials for prosecution and you may lose your Medicaid.**

If you have questions or do not know what to do, please call **1-800-362-1504** toll-free.

**Our Mission - to provide an efficient and effective system of financing health care for our beneficiaries**